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## BIB DATA SHEET

CONFIRMATION NO. 5325

<b>SERIAL NUMBER</b> 10/065,926	<b>FILING or 371(c) DATE</b> 11/30/2002 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 62984-5002		
<b>APPLICANTS</b> J. Martin Pfaff, Bell Canyon, CA;						
<b>** CONTINUING DATA *****</b>						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/13/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>mp</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> JEFFER, MANGELS, BUTLER & MARMARO, LLP 1900 AVENUE OF THE STARS, 7TH FLOOR LOS ANGELES, CA 90067 UNITED STATES						
<b>TITLE</b> Anatomic triangulation						
<b>FILING FEE RECEIVED</b> 796	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			